## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

09759595

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA   |  |   |                                       |                                  |              |                   |   |                     |                        |         |                     | THAN                    |
|---|--|---|---------------------------------------|----------------------------------|--------------|-------------------|---|---------------------|------------------------|---------|---------------------|-------------------------|
| TOTAL CLAIMS  |  |   | (Column 1)                            |                                  | (Column 2)   |                   | 1   | TYPE                |                        | OR      | SMALL               | ENTITY                  |
| TOTAL CLAIMS  |  |   | <u>6</u> کے                           |                                  | ·            |                   |   | RATE                | FEE                    |         | RATE                | FEE                     |
| FOR   |  |   | · NUMBER FILED .                      |                                  | NUMB         | ER EXTRA          |   | Basic Fee           | 355.00                 | OR      | BASIC FEE           | 710.00                  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 36 minus 20=                          |                                  | - 16         |                   |   | X\$ 9=              |                        | OR      | X\$18=              | 28800                   |
| _   | EPENDENT C   |   |                                       | nus 3 =                          |              |                   |   | X40=                |                        | OR      | X80=                |                         |
| MU  | LTIPLE DEPEN   | IDENT CLAIM PI                            | RESENT                                |                                  |              |                   |   | +135=               |                        | OR      | +270=               |                         |
| • 11  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                                  |              |                   |   | TOTAL               |                        | OR      | TOTAL               | 986a                    |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                                       |                                  |              |                   |   | SMALL               | ENTITY                 | OR      | OTHER               | THAN                    |
| ۳   | <u>"(101                                   </u>              | (Column 1)                                | r                                     | (Colur<br>HIGH                   |              | (Column 3)        | 1   | SMALL               |                        | OH<br>I | SMALL               |                         |
| AMENDMENT A   | _  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVIO<br>PAID            | DUSLY        | PRESENT<br>EXTRA  |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE  |
|   | Total  | . 36                                      | Minus                                 | 39                               | 0            | -                 |   | X\$ 9=              | I                      | OR      | X\$18=              |                         |
|   | Independent<br>FIRST PRESE                                   | NTATION OF M                              | Minus JLTIPLE DEI                     | PENDENT                          | CLAIM        | - /               |   | X40=                |                        | OR      | X80=                |                         |
|   |  |   |                                       |                                  |              |                   |   |                     | /.                     | OR      | +270≈               |                         |
| Adm   |  |   |                                       |                                  |              |                   |   | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                         |
| <u> </u>  | 5/13   | (Column 1)                                |                                       | (Colur                           | nn 2)        | (Column 3)        |   |                     |                        | •       |                     |                         |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID    | BER          | PRESENT<br>EXTRA  |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE  |
|   | Total  | . 36                                      | Minus                                 | .36                              | 2            | = /               |   | X\$ 9=              |                        | OR      | X\$18=              | /                       |
|   | Independent  | NTATION OF MIL                            | Minus                                 | <u>-3</u>                        | · 🗪 - 114    | = /               |   | X40≖                |                        | OR      | X80=                |                         |
|   | FINOT PRESE  | NIAIRN OF MC                              | LITTLE DEP                            | ENDENI                           | CLAIM        |                   | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡ | +135=               |                        | OR      | +270=               |                         |
|   |  |   |                                       |                                  |              |                   |   | TOTAL<br>DDIT, FEE  | 7                      | OR      | TOTAL<br>ADDIT, FEE | 7                       |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                  |              |                   |   |                     |                        |         |                     |                         |
| ENT C   | 126/04   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>BUSLY | PRESENT/<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-/<br>TIONAL<br>FEE |
| 2   | Total  | · caidl)                                  | Minus                                 | . W                              | me           | = /               |   | X\$ 9=              |                        | OR      | X\$18=              |                         |
| AMENDM  | Independent  | .500                                      | Minus                                 | ***                              | ,,,          | = /               | 1 H   |                     |                        | On      |                     |                         |
|   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEP                           | PENDENT                          | CLAIM        |                   | 1   | X40=                |                        | OR      | X80=/               |                         |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.   |  |   |                                       |                                  |              |                   |   |                     |                        | OR      | +270=               |                         |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1. |  |   |                                       |                                  |              |                   |   |                     |                        |         |                     |                         |
|   |  |   |                                       |                                  | es es es     | A MANAGEMENT      |   | ਲ ਸ। ਨੜਾ ਵਰਿਹ       | Appress DOX            | an COI  | unn 1.              | I                       |